For	85-11362 the reporting period ended tember 31. 2001		02023223 EXCHANGE COMMIS	Ext hou Est hou res Est hou	MB Number: pires: timated average urs per full respo timated average urs per intermed ponse. timated average urs per minimum ponse.	burden burden liate 1.50 burden
	DIMENOF DE	MULATIC FC	RM TA-2	V 42 .		
F	FORM FO REGISTERED PURSUAN		CTIVITIES OF TRA			OF 1934
	ATTENTION:	CONSTITUTE F	MISSTATEMENTS EDERAL CRIMINA 1 and 15 U.S.C. 78ff(	L VIOLATIO		T
(	Full name of Registrant as stated Do not use Form TA-2 to change name	or address.)	1 TA-1:		MAR 2 1 2	002
<u>H</u> 2. a	rirst National Bank of During the reporting period,		ged a service company to	perform any of i	ts transferagen	t functions?
	(Check appropriate box.)		g,,	r,		
		☐ Some	XX None			
b	. If the answer to subsection company(ies) engaged:	(a) is all or some, pro	ovide the name(s) and tra	ansfer agent file	number(s) of	all service
	Name of Transfer Agent(s):			File No. (b)	eginning with 84-	or 85- ):
		<del></del>			DONNE	00
					9 31 11 1	osep)

c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions?

☐ Ye

₩ No

d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.)

Name of Transfer Agent(s):	File No. (beginning with 84- or 85-		

SEC 2113 (12-00)

2001 Form TA-2 First National Bank of McMinnville (No. 85-11362)



	☐ Federal ☐ Board o	s appropriate re oller of the Cur Deposit Insura f Governors of es and Exchang	rency nce Corpor the Federa	ation I Reserve Sys			y.)			
	☐ Yes, file	reported therei	in became i		nded Form TA- complete, or m					on which
	☐ No, faile ☑ Not appl	ed to file amend icable	lment(s)							
	c. If the answe	r to subsection	(b) is no, p	rovide an exp	olanation:		·			
-										
_	I	f the respons	e to any o	of question	s 4-11 below	is no	ne or ze	ro, enter "(	)."	<del></del>
4.	. Number of items	received for tra	ansfer durin	g the reporti	ng period:		•		-83	
5.					including acco					
	c. Number of in								_	<del></del>
	d. Approximate December 31:	percentage of								as of
	Corporate Equity Securities	Corporate Debt Securities	1	Open-End investment Company	Limited Partnersh Securitie	oip qi		pal Debt rities	Other Securities	
		<u>                                     </u>		Securities	_					-
	100	0		0	0		. (	)	0	
	Number of securiti	es issues for w	hich Regist	rant acted in	the following	capacit	ies, as of	December 31	:	
*NOT A	PPLICABLE*		1	rporate curities	Open-End Investment Company	Part	nited nership curities	Municipal Debt Securities	Other Securities	
	a. Receives items	£	Equity	Debt	Securities				<u> </u>	
	and maintains	the master								
	securityholder b. Receives items							<del> </del>	<del> </del>	
	but does not mand master security									
	c. Does not receiv	e items for								
	master security									]

## \*\*THIS PAGE NOT APPLICABLE\*\*

7.		Scope of certain additional types of activities performed:  . Number of issues for which dividend reinvestment plan and/or direct purchase plan						
		services were provided, as of December 31:						
	<u>.</u> b							
	С	. Dividend disbursement and interest paying agent activities conducted during the reporting period: i. number of issues						
		ii. amount (in dollars)						
8.	a.	. Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:						
		Prior Current Transfer Agent(s) Transfer Agent (If applicable)						
		i. Number of issues						
		ii. Market value (in dollars)						
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):						
	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?						
		☐ Yes ☐ No						
		If the answers to subsection (c) is no, provide an explanation for each failure to file:						
9.	a.	During the reporting period, has the Registrant always been in compliance with the turnaround time for routine item as set forth in Rule 17Ad-2?						
		☐ Yes ☐ No						
		If the answer to subsection (a) is no, complete subsections (i) through (ii).						
		i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2.						
		ii. Provide the number of written notices Registrant filed during the reporting period with the						
		SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2.						
a	Num and							

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
-0-	-0-	-0-
'	.	

	b. Number of lost securityholder accounts that have been remitted to states during the reporting period:0_					
SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.						
Manual signat	ure of Official responsible for Form:	Title:				
		. Chairman and CEO				
		Telephone number: (931) 473-4402				

Name of Official responsible for Form:

(First name, Middle name, Last name)

Charles C. Jacobs

Telephone number: (931) 473-4402

Date signed (Month/Day/Year):

March 1 4 2002

File Number 85-11362	Supplement to Form TA-2
For the reporting period ended December 31, 2001	Full Name of Registrant
,	First National Bank of McMinnville

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):	Fil (b	le No. eginning with 84- or 85-
Not Applicable		
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